

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. | FILING DATE | | |
|--|------|------------------------|------|------------------------|------|--------------------------|-------------|------|------|
| | | | | | | 09-183319 | 03-09-01 | | |
| | | | | | | APPLICANT(S) | | | |
| <i>8-20-03 5-24-04</i> CLAIMS | | | | | | <i>8-20-03 * 5-24-04</i> | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | 1 | | 1 | | 51 | | 1 | |
| 2 | 1 | 1 | 1 | 1 | | 52 | 1 | 1 | 1 |
| 3 | 2 | | 2 | 2 | | 53 | 1 | 1 | 1 |
| 4 | 2 | | 2 | 2 | | 54 | 1 | 1 | 1 |
| 5 | 2 | | 2 | 2 | | 55 | 1 | 1 | 1 |
| 6 | 2 | | 2 | 2 | | 56 | 1 | 1 | 1 |
| 7 | 2 | | 2 | 2 | | 57 | 1 | 1 | 1 |
| 8 | | 1 | | 1 | | 58 | 1 | 1 | 1 |
| 9 | | | | 1 | | 59 | | | |
| 10 | 2 | | 2 | 2 | | 60 | | | |
| 11 | 2 | | 2 | 2 | | 61 | | | |
| 12 | 2 | | 2 | 2 | | 62 | | | |
| 13 | 2 | | 2 | 2 | | 63 | | | |
| 14 | 2 | | 2 | 2 | | 64 | | | |
| 15 | 2 | | 2 | 2 | | 65 | | | |
| 16 | 2 | | 2 | 2 | | 66 | | | |
| 17 | 2 | | 2 | 2 | | 67 | | | |
| 18 | 2 | | 2 | 2 | | 68 | | | |
| 19 | 2 | | 2 | 2 | | 69 | | | |
| 20 | 2 | | 2 | 2 | | 70 | | | |
| 21 | 1 | 1 | | 1 | | 71 | | | |
| 22 | 1 | | 1 | 1 | | 72 | | | |
| 23 | 1 | | 1 | 1 | | 73 | | | |
| 24 | | | 1 | 1 | | 74 | | | |
| 25 | | | 1 | 1 | | 75 | | | |
| 26 | | | 1 | 1 | | 76 | | | |
| 27 | | | 1 | 1 | | 77 | | | |
| 28 | | | 1 | 1 | | 78 | | | |
| 29 | | | 1 | 1 | | 79 | | | |
| 30 | | | 1 | 1 | | 80 | | | |
| 31 | | | 1 | 1 | | 81 | | | |
| 32 | 1 | | 1 | 1 | | 82 | | | |
| 33 | | | 1 | 1 | | 83 | | | |
| 34 | 1 | | 1 | 1 | | 84 | | | |
| 35 | 1 | | 1 | 1 | | 85 | | | |
| 36 | 1 | | 1 | 1 | | 86 | | | |
| 37 | 1 | | 1 | 1 | | 87 | | | |
| 38 | 1 | | 1 | 1 | | 88 | | | |
| 39 | 1 | | 1 | 1 | | 89 | | | |
| 40 | | | 1 | 1 | | 90 | | | |
| 41 | 1 | | 1 | 1 | | 91 | | | |
| 42 | 1 | | 1 | 1 | | 92 | | | |
| 43 | 1 | | 1 | 1 | | 93 | | | |
| 44 | 1 | | 1 | 1 | | 94 | | | |
| 45 | 1 | 1 | | 1 | | 95 | | | |
| 46 | 1 | | 1 | 1 | | 96 | | | |
| 47 | 1 | | 1 | 1 | | 97 | | | |
| 48 | 1 | | 1 | 1 | | 98 | | | |
| 49 | 1 | | 1 | 1 | | 99 | | | |
| 50 | | | 1 | 1 | | 100 | | | |
| TOTAL IND. | | 1 | | 1 | | TOTAL IND. | 5 | | |
| TOTAL DEP. | | 1 | | 1 | | TOTAL DEP. | 65 | 69 | |
| TOTAL CLAIMS | | 70 | | 74 | | TOTAL CLAIMS | 70 | 74 | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS